

# CALIFORNIA WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM NEW VENDOR VWIX USER ID FORM

## 1. Vendor Contact Information

Please PRINT legibly.

Name:	Title:
Telephone Number: (    )	Fax Number: (    )

## 2. Vendor Ownership Information

Please PRINT legibly.

<b>Sole Proprietorship</b>	Owner Name:
<b>Partnership</b> [List <u>All</u> Partners]	Partner Name:
	Partner Name:
	Partner Name:
	Partner Name:
<b>Corporation</b>	Corporation Name:
<b>Limited Liability Company</b>	Company Name:

## 3. Vendor Signature

Signature of Sole Proprietor, Partner, Corporate Officer or LLC Member:		
Printed Name:	Title:	
Date:	Telephone Number: (    )	Fax Number: (    )

### (THIS SECTION IS FOR WIC PROGRAM USE ONLY)

Contract ID Number:		Vendor Authorization Number:	
Store Name:			Store Telephone Number: (    )
Approved by:	Date:	Title:	Unit:
Faxed to TSU by: [VMB staff]		Date:	
Processed by: [TSU staff]		Date:	
User ID Number 1:	Access Code:	Temporary Password:	<input type="checkbox"/> Reset to default password
User ID Number 2:	Access Code:	Temporary Password:	<input type="checkbox"/> Reset to default password